

**Maryland Department of Health and Mental Hygiene (DHMH)**

**Definitions of H1N1 Pre-Registration Terms**

**for Vaccine Administration Sites in Maryland**

**Name of Site Being Pre-Registered:** the official name of the site that is being identified as a likely location for vaccine shipments and administration during the H1N1 influenza vaccination campaign. Note: Please contact the Center for Immunization at (410) 767-6679 if your business has centralized distribution for multiple sites and would like to discuss pre-registering as one site.

**Type of Site:** type of site refers to the nature of the site's primary business or specialty.

Choices include: Local Health Department, Pediatric Practice, Family Practice, Hospital, Pharmacy, Internal Medicine, Obstetric/Gynecology, Long Term Care/Assisted Living, Occupational Health, School or College, Urgent Care Center, Federally Qualified Health Center, Community Vaccinator, Rural Health Center and Other

**Street Address:** the street number and street name for the site that is being pre-registered.

Examples include: 123 Main Street; 456 Broad Street, Suite 300

**City:** the name of the city or town of the site that is being pre-registered.

**State:** Maryland is the default option for sites being pre-registered as Maryland administration sites.

**Zip Code:** the five digit zip code of the site being pre-registered.

**Name and Title of Person who is the H1N1 Point of Contact (POC) for the Site:** the name of the person at the pre-registration site who will be responsible for keeping track of H1N1 updates and ensuring the appropriate documents are submitted to DHMH for your site during the course of the vaccination campaign, including the vaccine dose reporting, the H1N1 Provider Agreement and H1N1 vaccine ordering.

**Phone Number for Site's POC:** the ten digit telephone number of the person who is the H1N1 point of contact (POC) for the site that is being pre-registered.

**Fax Number for Site's POC:** the ten digit fax number for the person who is the H1N1 point of contact (POC) for the site that is being pre-registered.

**Email Address for Site's POC:** the email address for the person who is the H1N1 point of contact (POC) for the site that is being pre-registered.

**Name of Prescriber for Site:** full name and degree of the Prescriber under whose authority vaccinations will be administered at the site being pre-registered. Prescribers include practitioners of medicine and osteopathy (M.D. or D. O.) and nurse practitioners (N.P.).

**Professional License Number:** the license number issued to the Prescriber by the state in which he/she practices.

**Maryland VFC PIN:** ONLY complete this field if a Maryland Vaccines For Children provider. The Practice Identification Number (PIN) that has been assigned to the site by the Maryland Vaccines For Children program.

**Estimated Number of H1N1 Doses:** The minimum vaccine shipment size is 100 doses regardless of whether the vaccine is in multidose vials, preloaded syringes or nasal sprayers, and the increments will also be in 100 doses. DHMH will try to accommodate vaccine providers with limited storage capacity.

It is expected that the H1N1 vaccine will require one dose for persons 10 years and older. Children nine (9) years and younger will need two doses, one month apart.

The majority of the vaccine will be packaged in multidose vials, but enough preloaded syringes will be manufactured for young children and pregnant women. Vaccine ordering information will be emailed or faxed to the H1N1 Point of Contact when available.